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| Please ensure that a copy of this Form is sent to [***MRCPSecurity@petrochinacanada.com***](mailto:MRCPSecurity@petrochinacanada.com) a minimum of 7-10 days in advance of expected arrival date to site. Visitors must have their visit approved by their PetroChina Canada (PCC) Representative.  Failure to follow this process will result in the form being rejected. | | | | | | | | | | | | | | | | | | | | |
| **All Fields to be Completed** | | | | | | | | | | | | | | | | | | | | |
| **Date of Arrival:** | | MM/DD/YYYY | | | **Phone #:** |  | | | | | | | **Job Title:** | | | | |  | | |
| **Name (Last, First):** | |  | | | | | | | | | | | | | | | | **Middle Initial:** | |  |
| **Employer:** | |  | | | | | | | **Site Supplier:** | | | | |  | | | | | | |
| **Division / Department (Indicate):** | | ­ Projects  Drilling  Completions  Logistics  Seismic  Site Wide Services  Camps  Operations  Maintenance  Support Staff  Others (Specify) | | | | | | | | | | | | | | | | | | |
| **Site Access Requested (Check all that apply):** | | Central Processing Facility  Ops Lodge  Fuel Station  Other (Specify) | | | | | | | | | | | | | | | | | | |
| **Supervisor:** | |  | | | | | **Phone #:** | | | | | | | |  | | | | | |
| **Emergency Contact:** | |  | | | | | **Phone #:** | | | | | | | |  | | | | | |
| **Worker Signature:** | |  | | | | | **Orientation Date:** | | | | | | | | MM/DD/YYYY | | | | | |
| **PCC Rep. Name:** | |  | | | | | **PCC Rep. Signature:** | | | | | | | |  | | | | | |
| **For Visitors Only** | | | | | | | | | | | | | | | | | | | | |
| ***Note: If participating in a group visit or tour, this form is required to be completed per person, not per group. Visits are only for 24 hours only unless approved by a PCC Representative.*** | | | | | | | | | | | | | | | | | | | | |
| **Type of Visit:** | | | Single Visit  Group Visit  Site Tour | | | | | | | **Areas of Requested Access:** | | | | | | |  | | | |
| **Escort Name:** | | |  | | | | | | | **Date of Departure:** | | | | | | | MM/DD/YYYY | | | |
| **Escort Signature:** | | |  | | | | | | | | | **Date:** | | | | | MM/DD/YYYY | | | |
| **PCC Approver Name:** | | |  | | | | | | | | | | | | | | | | | |
| **PCC Approver Signature:** | | |  | | | | | | | | | **Date:** | | | | | MM/DD/YYYY | | | |
| **To be Completed by PCC HSSE/Corporate Security** | | | | | | | | | | | | | | | | | | | | |
| **Signed Security Waiver:** | Yes  No | | | **Type of Badge (check all that apply):** | | | | Central Processing Facility  Ops Lodge  Fuel Station  Other (Specify) | | | | | | | | | | | | |
| **Temp Card Issued:** | Yes  No | | | **Card #:** |  | | | | | | | | | | | **Card Expiry:** | | | MM/DD/YYYY | |
| **ID Card #:** |  | | | | | | | | | | **Date Issued:** | | | | | MM/DD/YYYY | | | | |